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STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

ALASKA.

Communicable Diseases—Notification of Cases—Quarantine—Placarding—Disinfection—Hospitalization—School Attendance. Common Drinking Cups and Common Towels. Spitting. (Reg. Commissioner of Health, Oct. 7, 1915.)

Notifiable diseases:

Actinomycosis.
Amebic dysentery.
Anterior poliomyelitis.
Anthrax.
Asiatic cholera.
Chicken-pox.
Diphtheria.
Membranous croup.
Echinococcus disease.
Epidemic cerebrospinal meningitis.
Favus.
German measles.
Glanders.
Japanese lung fluke disease.
Leprosy.
Malaria.
Measles.
Ophthalmia neonatorum.

Pellagra.
Plague.
Tuberculosis.
Rabies.
Relapsing fever.
Rocky Mountain fever.
Scarlet fever
Scarlatina.
Smallpox.
Trachoma.
Trichinosis.
Typhoid fever.
Paratyphoid fever.
Typhus fever.
Hookworm disease.
Whooping cough.
Yellow fever.

All cases of, or cases suspicious of, the above diseases are required to be reported by physicians to the local health officer within 24 hours. The report must specify the name of the patient, age, sex, residence, occupation, diagnosis, place where probably contracted, date of exposure, and date of onset.

Physicians are also required to report any obscure eruptive disease which may be of a contagious nature.

Teachers and principals of schools are required to report the appearance of a rash in a school child, exclude such child from school, and refer it to the health officer or family physician.

Householders are required to report to the local health officer or family physician the appearance of any acute disease of an eruptive nature occurring in the household.

Local health officers are required to keep a record of the diseases reported to them, and not later than the fifth of the month following must submit the report to the assistant commissioner of health for their division. These reports must contain, in addition to the information furnished the health officer by the family physician, the following data: Date of quarantine and placards, date of release, number of persons exposed immediately or remotely, place of business, or school attended.

Upon learning of the existence of any case of Asiatic cholera, leprosy, plague, typhus fever, or yellow fever the local health officers are required to immediately investigate and report at once to the Territorial commissioner of health.

Upon learning of the existence of anterior poliomyelitis, chicken-pox in adults, diphtheria, cerebrospinal meningitis, smallpox, scarlet fever, typhoid or paratyphoid fever, after these diseases have been absent from a community for a period exceeding one month, local health officers, after investigation, are required to report to the assistant commissioner of health for their division, giving certain epidemiological information, and must at intervals make further reports of the progress of the outbreak.

When any dispute arises relative to the correct diagnosis of any communicable disease, the opinion of the local health officer prevails until the assistant commissioner of health or the person appointed by him can see the case. His decision must be final.

All health officers are required to make investigation of any communicable disease within their jurisdiction and to take the necessary measures to suppress it, in accordance with the regulations of the Territorial commissioner of health.

Health officers are given the power to remove and restrain in a pesthouse or isolation hospital, or to quarantine or isolate, any person ill of a communicable disease. However, no person can be so restrained until examined by the health officer. The health officer is then given power to quarantine, isolate, restrain, or disinfect any person or persons either sick of or exposed to a communicable disease, as well as to disinfect any room, house, or contents, clothing, bedding, etc., that may be infected.

Any person who does not obey the provisions of the law or rules of the Territorial commissioner of health, or who breaks quarantine or conceals a case of communicable disease, will be dealt with according to the law provided in such cases.

For the purpose of control, notifiable diseases are divided into three groups, with regulations for each group, except the third, and special regulations for the several diseases of each group.

In the first group are:

Diphtheria.	Plague.
Scarlet fever.	Typhus fever.
Asiatic cholera.	Yellow fever.

These diseases must be quarantined immediately by the health officer and special precautions taken.

By quarantine is meant that the patient, attendants, and all persons who come in contact with patient and attendants are required to remain in the house for a specified period, and that none except the attending physician may enter or leave the house.

Houses under quarantine must be placarded, the placard to contain the name of the disease and the fact that the house is quarantined.

The same rules apply to the sick as to the well in houses which are quarantined.

The health officer is the only one having authority to establish or release quarantine.

In the second group are:

Anterior poliomyelitis,	Ophthalmia neonatorum,
Anthrax,	Relapsing fever,
Chicken-pox,	Rocky Mountain fever,
Epidemic cerebrospinal meningitis,	Smallpox,
Glanders,	Typhoid fever,
Malaria,	Paratyphoid fever,
Measles,	Whooping cough.

and all cases of so-called Cuban, Dhobie, Egyptian, Japanese, Kangaroo, Manila, or Philippine itch.

Patients suffering from these diseases must be isolated. By isolation is meant that the patient is removed from contact with other inmates of the house and that the house is placarded, the placard to contain the name of the disease and the warning as to its contagious nature. The placard may be removed by the health officer only. Well persons may leave a house under these conditions provided their business does not bring them into contact with children, or they do not visit places of public gathering, or that the special regulations in such diseases do not state to the contrary.

In the third group are:

Actinomycosis.	Leprosy.
Amebic dysentery.	Pellagra.
Echinococcus disease.	Rabies.
Favus.	Trachoma.
Uncinariasis.	Trichinosis.
Japanese lung fluke disease.	Tuberculosis.

Cholera, plague, and typhus fever.—These diseases must be reported by wire, where possible, or where such facility is absent, by the quickest method of communication, to the Territorial commissioner of health, and must be strictly quarantined with day and night guard.

Scarlet fever.—This disease must be quarantined until desquamation has ceased and all inflammation of the throat, nose, and ears has disappeared.

No case of scarlet fever may be released from quarantine until six weeks have elapsed from the first appearance of symptoms.

All children who have not previously had the disease must be quarantined for 10 days after last exposure.

All bedding, clothing, dishes, etc., used in the sick room must be disinfected. Formalin or boiling water may be used for this purpose.

Before quarantine is raised the quarantined premises must be disinfected.

Before discharge from quarantine, patients must be bathed in a solution of bichloride of mercury 1-2000, or its equivalent.

Teachers living in the same house must not return to school until 10 days have elapsed from date of last exposure.

Diphtheria.—Quarantine must be maintained for at least six weeks from the beginning of the disease, and longer if sore throat, false membrane, or discharge from eyes, ears, and nose persists.

Nonimmunes exposed to diphtheria must be quarantined for 10 days after last exposure.

Bedding, clothing, dishes, etc., used in the sick room must be disinfected. Formalin or boiling water may be used.

Patients must receive a bath in a solution of bichloride of mercury 1-2000 before discharge from quarantine.

Teachers living in the same house with a case of diphtheria are not permitted to return to school until 10 days have elapsed from the date of last exposure.

Smallpox.—Health officers are required to investigate smallpox infection or exposure when cases are not attended by a qualified physician. Physicians must not only report cases, but contacts as well, to the health officer.

Patients must be isolated, preferably in an isolation hospital, until desquamation has ceased.

The house must be placarded with the statement that smallpox exists on the premises.

Contacts must either be vaccinated or isolated for 18 days, unless protected by a previous attack of smallpox or by successful vaccination within 7 years.

Upon the appearance of smallpox, all health officers are required to warn the public of its presence and to instruct the community in the methods for its prevention.

When smallpox actually exists, it is the duty of the health officers to vaccinate free of charge any person who may make application to them. The expense must be borne by the city, community, or Territory, the commissioner of health to decide which must bear the expense.

Where smallpox exists in a community, no child is permitted to attend school unless showing evidence of having had smallpox or of having been successfully vaccinated within seven years.

The quarantined premises and contents must be disinfected before quarantine may be raised.

Cuban itch, Japanese itch, etc., which are regarded as being mild forms of smallpox, must be treated as such.

Measles.—Cases of measles must be isolated. Nonimmune children coming in contact with measles are prohibited from attending any school until two weeks have elapsed after the beginning of the last case in the family.

Municipalities are authorized to enforce a stricter form of isolation if they deem it advisable or necessary.

Health officers are required also to notify the public upon the appearance of an epidemic of measles and to warn the community not to deliberately expose their children to infection.

Health officers are also required to inform teachers that measles is especially communicable in its early stages, and that they must therefore exclude all children showing symptoms of the nose, throat, or ears, and to report the names and addresses of such children to the health officer.

Cases should be quarantined not less than four weeks and until desquamation has ceased.

German measles.—German measles must be handled in the same manner as measles, except that isolation may terminate in one week from the beginning of the disease.

Chicken-pox.—Cases of chicken-pox must be excluded from school and isolated. Contacts are not required to be excluded from school. Chicken-pox occurring among adults must be reported and treated as smallpox.

Whooping cough.—Cases of whooping cough must be isolated. Such isolation must continue not less than five weeks from the beginning of the disease, or longer if the "whoop" persists. Contacts who have had the disease are allowed to attend school.

Rocky Mountain tick fever.—All cases or suspected cases of Rocky Mountain tick fever must be isolated and reported to the assistant health commissioner for the division in which the disease occurs and by him must be reported to the commissioner of health.

Anterior poliomyelitis.—Cases of this disease must be isolated for at least 21 days from the beginning of the illness.

Individual reports of these cases must be made to the assistant commissioner of health for the division in which the disease occurs and by him to the commissioner of health.

Contacts are prohibited from attending school until isolation measures are terminated and the premises have been disinfected.

All discharges from nose and throat must be immediately disinfected.

Epidemic cerebrospinal meningitis.—Isolation measures must be continued until the termination of acute symptoms, but no period of isolation must be less than 14 days from the onset, whether terminating by recovery or death.

Contacts in the house can not attend school until 10 days have elapsed after all restrictions have been removed and premises disinfected.

Individual reports of cases must be made by the physician to the assistant commissioner of health for the division in which the disease occurs and by him to the commissioner of health.

Doubtful cases of this disease must be temporarily isolated until it is determined that they are not of the epidemic type.

Typhoid and paratyphoid fever.—All cases of these diseases must be isolated. All but those in immediate contact with the case may come and go without restriction. Explicit directions must be given relative to, and the prevention of, the spread of the disease.

Excreta from the patient must be disinfected with quicklime or by boiling. Dishes, bedding, etc., in use must be disinfected with a solution of formalin or by boiling. The source of the infection must be sought for and necessary measures taken to prevent the spread of the disease. During an epidemic, antityphoid vaccine must, on request, be administered free of charge by the local health officers. Vaccine must be furnished by the city, community, or Territory.

When a case has developed in a lodging house, hotel, or camp, the person who cares for the patient is prohibited from working at anything having to do with the preparation of foods. As far as possible, this prohibition also applies to private families. During the summer months rooms in which typhoid patients are treated must be screened, either at the expense of the family or the city or Territory.

All cases of so-called "typho-malaria" or malaria, unconfirmed by microscopical examination must be treated as typhoid fever.

Malaria.—Cases of this disease must be isolated as long as the disease remains in the acute form.

Anthrax and glanders.—Health officers are required to report to the assistant commissioner of health individual cases of anthrax and glanders in human beings. All such cases must be isolated until the termination of the disease.

Tuberculosis.—Physicians are required to report in writing to the local health officer cases of tuberculosis within five days after such cases have come under their observation. Upon the death or the removal of a patient with tuberculosis the premises must be thoroughly disinfected within five days, the expense of such disinfection to be paid by the owner of the premises. If the owner refuses to disinfect, the local board of health may do so at the expense of the city, the cost thereof being a lien against the premises.

Leprosy.—Upon the report of a case, the commissioner of health is required to decide upon its disposition. Patients who are discharging the bacilli of leprosy from ulcerated surfaces must be segregated and quarantined. Local authorities are prohibited from imposing quarantine in case of leprosy unless permission is obtained from the territorial commissioner of health.

Favus.—If, upon examination, a reported case proves to be favus, a child is prohibited from attending any school until cured, and such other measures must be taken to prevent the transmission of the disease as are required by the commissioner of health.

Trachoma.—No child suffering from trachoma is permitted to attend any school, except when a competent physician certifies in writing that the case is not in a communicable stage.

Hookworm.—Persons suffering from hookworm must be given proper treatment and isolated until the stools are free from eggs. Physicians and others are urged to cooperate with the authorities in securing information as to the existence of the disease in the Territory.

Rabies.—A case of rabies in persons must be reported by wire to the commissioner of health.

Actinomycosis.—Suspicious cases of this disease should be reported to the assistant commissioner of health. Isolation of the case is not required.

Pellagra, amebic dysentery, trichinosis, echinococcus infection, and Japanese lung fluke.—Physicians are urged to report in detail the occurrence of any of these diseases within the Territory.

Further regulations.—Patients may be discharged from quarantine after recovery. Contacts may be discharged at the termination of the period of incubation of the

disease after they have been personally seen by the health officer and have taken an antiseptic bath and put on clean clothes.

Before quarantine or isolation may be discontinued the room, house furniture, bedding, etc., must be fumigated.

Attending physicians are required to take all necessary precautions to prevent the spread of the disease.

It is prohibited for any city, community, or health district to quarantine against another city, community, or health district without the consent of the territorial commissioner of health.

Health officers are authorized to temporarily quarantine or isolate any suspicious cases pending a conclusive diagnosis.

Domestic animals must be excluded from the house in the case of first-group diseases, and from the sick room in the case of second-group diseases. If they are inadvertently admitted to the house or room during quarantine or isolation they must, upon the termination of the disease, be given a disinfectant bath.

In case of death, the health officer is required to continue quarantine or isolation measures until the end of the period of incubation in contacts.

In the case of smallpox, where there are no unvaccinated contacts, this further quarantine is unnecessary.

In cases of the exanthematous diseases of childhood, in diphtheria, infantile paralysis, or cerebrospinal meningitis, where there are no other nonimmune children surviving, quarantine may terminate immediately after disinfection.

In cases of diseases mentioned in the preceding paragraph adults may be released from quarantine or isolation after disinfection but may not again enter the premises until quarantine or isolation is discontinued.

After death from a first-group disease, no one except a licensed embalmer or a clergyman is permitted to enter the premises until after disinfection.

No milk or food products may be taken into a house under quarantine or isolation unless the container or wrappings can be destroyed. All containers for milk which have been used or handled by persons suffering from a communicable disease requiring quarantine or isolation must be sterilized before they may be used again.

The sale of milk or other dairy or food products from premises where diseased persons are undergoing quarantine or isolation is forbidden, unless the articles are prepared and handled by persons entirely separated from the sick, and then only upon written permission of the local health officer.

No person suffering from open pulmonary tuberculosis or any chronic typhoid or diphtheria carrier is allowed to do any work involving the handling of dairy, market, or food products in an unwrapped state.

The use of the common drinking cup and common towel is forbidden on common carriers, in public buildings, parks, hospitals, schools, hotel lobbies, etc.

Spitting on floors in public places or on sidewalks is forbidden.

School hygiene.—No teacher, pupil, or janitor may attend school from any house in which there is smallpox, varioloid, scarlet fever, diphtheria, or any other communicable disease. Nor can he return to school from any such house until three weeks have elapsed from the beginning of convalescence of the patient, or upon the certificate of a reputable physician.

In the case of whooping cough, chicken pox, and measles not of a malignant type, teachers, pupils, or janitors who have had the disease and entirely recovered may attend school.

Children suffering from a disease requiring quarantine or isolation must be excluded from school. All children in the same family must be excluded as long as the disease exists in the family, unless specifically provided for by regulation. In contagious conjunctivitis (including trachoma not in active stage), impetigo contagiosa, mumps, pediculosis, ringworm, scabies, or any suppurative disease of a foul or offensive nature,

it is required to exclude children from school. However, in the case of ringworm, scabies, or pediculosis the child may continue school at the discretion of the health officer if proper treatment is instituted.

All children in a community where smallpox actually exists must be excluded from school attendance until vaccinated, unless they can present a certificate from a legally qualified physician that they have been vaccinated successfully within seven years or can give evidence that they have had smallpox.

Whenever any pupil, janitor, or teacher in any school is afflicted with any disease calling for disinfection, the building, room, or rooms must be disinfected before they may again be occupied.

Whenever any principal or teacher believes that a pupil is suffering from or has been exposed to any communicable disease requiring exclusion from school, the child must be sent home and a report made immediately to the local health officer. Such child can not again attend school until a certificate is presented from a qualified physician that the child is not suffering from any disease.

Whenever any territorial or local health authority deems it advisable to close a school on account of the prevalence of any communicable disease, a written notice must be served on the school board or responsible official, directing that the school or schools be closed immediately, and no such school may be reopened until authorized by the health officer.

Disinfectants.—Disinfection or fumigation is carried out according to the recommendations of the different diseases. It is required for all diseases of groups 1 and 2 before the patients or contacts are released from quarantine or isolation. Disinfectants recognized under these regulations are those already mentioned and formaldehyde gas, using of the latter at least 16 ounces of a 40 per cent solution of formalin in a generator, or by oxidation, for each 1,000 cubic feet of room space. All openings must be closed and the cracks sealed with strips of paper. The time of exposure must be at least six hours. When a schoolroom has been occupied by a person suffering from any of the diseases of group 1—smallpox, anterior poliomyelitis, epidemic cerebrospinal meningitis, or measles—it must be thoroughly disinfected before being used again. The same applies to private schools and to parochial and Sunday schools. When a communicable disease has occurred on a vessel or in a railroad coach, such common carrier may not be used again until disinfected by the health officer. When a communicable disease has been present in a place where food is sold or which is used for dairying purposes and the sale of food or dairy products has been discontinued, the premises must be thoroughly disinfected before being used again.